



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: J. Dewey Weaver, et al

Group Art Unit: 661

Serial No.: 09/921,616

Examiner: Unassigned

Filed: 08/03/2001

For: Method and System for Controlling Content to a User

Commissioner for Patents
Office of Initial Patent Examination
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Washington, D.C. 20231

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REQUEST FOR ISSUANCE OF CORRECTED FILING RECEIPT

Dear Sir:

Upon review of the Filing Receipt issued in connection with the above-referenced application, Applicant notes that a correction to the title of the invention is needed. The word "systems" should be changed to "system."

A copy of the Filing Receipt noting the change is attached.

Respectfully submitted,

A. José Cortina
Registration No. 29,733
One of the Attorneys for the Applicants
Kilpatrick Stockton LLP
3737 Glenwood Avenue, Suite 400
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(919) 420-1820

Dated: September 19, 2001

Receipt

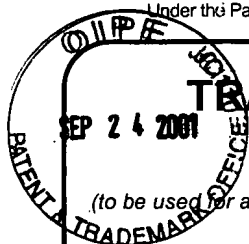
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/921,616 Filing Date 08/03/2001 First Named Inventor J. Dewey Weaver, III Group Art Unit 2661 Examiner Name Unassigned		
		Attorney Docket Number 41061/261990
		Total Number of Pages in This Submission 5
		Application Number 09/921,616
		Filing Date 08/03/2001

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Filing Receipt; Copy of Filing Receipt; Postcard.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	A. Jose Cortina, Reg. No. 29,733
Signature	
Date	September 19, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: September 19, 2001			
Typed or printed name	Karyn Grimm, Assistant		
Signature		Date	September 19, 2001

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/921,616	08/03/2001	2661	409	41061/261990	8	26	3

CONFIRMATION NO. 7510

28372
KILPATRICK STOCKTON LLP
3737 GLENWOOD AVENUE
SUITE 400
RALEIGH, NC 27612



FILING RECEIPT



OC000000006540082

Date Mailed: 09/10/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

J. Dewey Weaver III, Raleigh, NC;
Douglas K. Leech, Raleigh, NC;
Timothy M. Murphy, Cary, NC;

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/222,804 08/03/2000

Foreign Applications

If Required, Foreign Filing License Granted 09/10/2001

Projected Publication Date: 02/07/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Method and systems for controlling content to a user

Preliminary Class

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Data entry by : ROBINSON, FELICIA

Team : OIPE

Date: 09/10/2001





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Bib Data Sheet

CONFIRMATION NO. 7510

SERIAL NUMBER 09/921,616	FILING DATE 08/03/2001 RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. 41061/261990
APPLICANTS J. Dewey Weaver III, Raleigh, NC; Douglas K. Leech, Raleigh, NC; Timothy M. Murphy, Cary, NC;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/222,804 08/03/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/10/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	STATE OR COUNTRY NC	SHEETS DRAWING 8	TOTAL CLAIMS 26
				INDEPENDENT CLAIMS 3
ADDRESS 28372				
TITLE Method and system for controlling content to a user				
FILING FEE RECEIVED 409	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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